

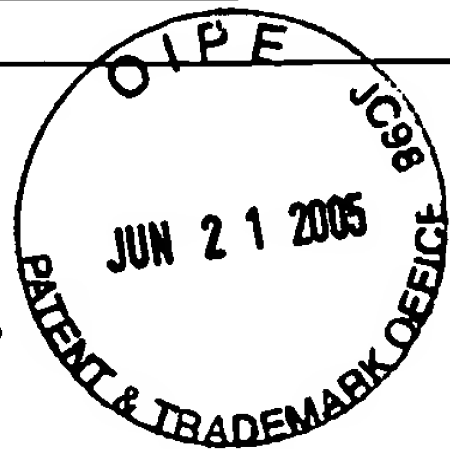
## FEE(S) TRANSMITTAL

HAND CARRY

**MAILING INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE. Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advanced orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

## CURRENT CORRESPONDENCE ADDRESS

JONES DAY  
51 Louisiana Avenue, N.W.  
Washington, D.C. 20001-2113



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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTY'S DOCKET NO.	CONFIRMATION NO.
09/816,150	03/26/2001	Kenneth J. Livak	9584-018	9176

TITLE OF INVENTION Improved Invasion Assay

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	No	\$1400 (large) \$700 (small)	\$300.00	\$1,700.00	06/23/2005

EXAMINER	ART UNIT	CLASS-SUB CLASS
FREDMAN, JEFFERY NORMAN	1637	435-006000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed

1. Jones Day

2.

3.

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE:

Applera Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Foster City, CA

Please check the appropriate assignee category or categories (will not be printed on the patent)

☐ Individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advanced Order - # of Copies 10

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) enclosed☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Commissioner is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-3013 (enclose an extra copy of this form).

COMMISSIONER FOR PATENTS is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date) 6/21/05

for: Attorney Samuel B. Abrams

Reg No. 30,605

By: Hoan Choi (Lim. Recog. No. 4299)

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02 FC:1504	300.00 DA
03 FC:8001	30.00 DA